

ISSUE SLIP STAPLE AREA (for additional cross reference)

POSITION	INITIALS	ID NO.	
FEE DETERMINATION	<i>Haile</i>		<i>05-1</i>
O.I.P.E. CLASSIFIER		<i>Wou</i>	<i>6/1/19</i>
FORMALITY REVIEW	<i>SL</i>	<i>JD</i>	<i>8/1/19</i>
RESPONSE FORMALITY REVIEW	<i>SG</i>	<i>1077</i>	<i>9/1/28</i>

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
.....	Allowed	I	Interference
.....	Canceled	A	Appeal
(Through numeral).....	Restricted	O	Objected

Final	Original	Claim	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	✓	✓	
12	✓	✓	
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46	✓	✓	
47	✓	✓	
48	✓	✓	
49	✓	✓	
50	✓	✓	

Claim	Date	
Final	Original	
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Claim		Date					
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**If more than 150 claims or 10 actions
staple additional sheet here**

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